DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Drillina fluids, volume

Drill cuttings, free oil

82594 EG 0

82595 1 0

Effluent Gross

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER **DISCHARGE NUMBER** MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

NO.

90802

MINOR

QUALITY OR CONCENTRATION

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

SAMPLE

CALCTD

GRAB

Page 1

FREQUENCY

OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS **VALUE VALUE VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Oil based fluids, non-aqueous based MEASUREMENT drilling fluids and cuttings PERMIT ***** ***** ***** ***** ***** 51707 1 0 Y=1;N=0 Req. Mon. End Of Well **GRAB** REQUIREMENT Effluent Gross VALUE SAMPLE ***** ***** ***** ***** Cadmium [Cd], in barite, dry weight MEASUREMENT ***** ***** ***** 78244 1 0 PERMIT ***** ***** 3 **GRAB** mg/kg Once per REQUIREMENT DAILY MX Batch Effluent Gross Mercury [Hg], in barite, dry weight SAMPLE ***** ***** ***** ***** MEASUREMENT ***** ***** ***** **PERMIT** ***** **** 78245 1 0 mg/kg Once per GRAB REQUIREMENT Effluent Gross DAILY MX Batch Drilling fluids, free oil SAMPLE ***** ***** ***** ***** ***** MEASUREMENT ***** **** ***** ***** ***** 82589 1 0 PERMIT GRAB Req. Mon. d Daily when REQUIREMENT Effluent Gross MO TOTAL Discharging ***** **** ***** SAMPLE Drilling fluids, volume MEASUREMENT ***** ***** ***** ***** ***** 82594 1 0 PERMIT Req. Mon. bbl Daily **ESTIMA** REQUIREMENT Effluent Gross DAILY MX

QUANTITY OR LOADING

49950

YTD TOT

Reg. Mon.

MO TOTAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

bbl

occur/mo

Req. Mon.

MO TOTAL

d

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT PERMIT

REQUIREMENT

- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

Annual

Daily

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nounons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	****	10950000 YTD TOT	bbl/yr	*****	*****	****	*****		Annual	CALCTD

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TYPED OR PRINTED	violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
- 2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
- 3. Values listed in the DMR for zinc are post dilution including the limits.

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, Refer to Attachment 'X'

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LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Deck Drainage
External Outfall

No Discharge

		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water

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PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	****	*****	*****		Daily	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen. Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

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LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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PACIFIC OCEAN, CA 90802

CAF001148 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	法当案表案					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

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CAF001148 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 9

90802

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Bilge Water
External Outfall

Na Diaghau

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRI		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing Liviolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYP	PED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 013A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 014A-A PERMIT NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DISCHARGE NUMBER

Diatomaceous Earth Filter Media External Outfall

MINOR

(SUBR FW)

DMR Mailing ZIP CODE:

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				. FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALTSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	****	*****	*****		Annual	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Hydrotest Water External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** ***** SAMPLE Chlorine, total residual MEASUREMENT PERMIT ***** ***** ***** ***** ***** **GRAB** 50060 1 0 Reg. Mon. ug/L Monthly REQUIREMENT Effluent Gross DAILY MX Free Oil Visual Sheen SAMPLE ***** ***** ***** ***** ***** MEASUREMENT ***** ***** ***** 51689 RW 0 PERMIT d Daily VISUAL Reg. Mon. REQUIREMENT Receiving Water MO TOTAL Floating solids or visible foam-SAMPLE ***** ***** ***** ***** MEASUREMENT visual/days ***** ***** ***** ***** 51705 RW 0 **PERMIT** ***** VISUAL Req. Mon. d Daily REQUIREMENT Receiving Water MO TOTAL Flow SAMPLE ***** ***** ***** ***** ***** MEASUREMENT ***** ***** ***** ***** 74076 1 0 **PERMIT** ***** bbl/d **ESTIMA** Req. Mon. Monthly REQUIREMENT Effluent Gross MO AVG

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	022A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	****	****	%		Contingent	GRAB

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TYPED OR PRINTED	wouldn't.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Produced Water Monthly External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
- 2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
- 3. Values listed in the DMR for zinc are post dilution including the limits.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 003A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, Refer to Attachment 'X'

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR (SUBR FW) Deck Drainage

External Outfall

No Discharge ☐

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	woulders.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen. Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 006A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	法当案表案					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	ordinors.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Reg. Mon.

MO AVG

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Receiving Water

Flow

74076 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

MO TOTAL

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ESTIMA

Monthly

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** SAMPLE Chlorine, total residual MEASUREMENT PERMIT ***** ***** ***** ***** 50060 1 0 .00585 .0102 Quarterly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX ***** Floating solids or visible foam-SAMPLE ***** ***** ***** ***** MEASUREMENT visual/days ***** ***** ***** ***** ***** 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL

bbl/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	and and the second seco	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

ATTN: Marina Robertson

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that the evaluate the information submitted.		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	012A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014	

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Boiler Blowdown
External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 013A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

11/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Receiving Water

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 014A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

MINOR

MO TOTAL

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0	PERMIT	*****	*****	*****	*****	*****	Req. Mon.	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52 PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001148		015A-A						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
11/01/2014	1	11/30/2014						

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Laboratory Waste
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

74076 EG 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

CALCTD

Annual

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** ***** SAMPLE Free Oil Visual Sheen MEASUREMENT PERMIT ***** ***** ***** ***** ***** 51689 RW 0 d VISUAL Req. Mon. Daily REQUIREMENT Receiving Water MO TOTAL Floating solids or visible foam-SAMPLE ***** ***** ***** ***** ***** MEASUREMENT visual/days ***** ***** ***** ***** 51705 RW 0 PERMIT d Daily VISUAL Reg. Mon. REQUIREMENT Receiving Water MO TOTAL SAMPLE ***** ***** ***** ***** Flow MEASUREMENT ***** ***** ***** ***** PERMIT ***** **ESTIMA** 74076 1 0 Req. Mon. bbl/d Monthly REQUIREMENT Effluent Gross MO AVG Flow SAMPLE ***** ***** ***** ***** *****

bbl/yr

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MEASUREMENT

PERMIT

REQUIREMENT

1200

YTD TOT

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the properties of the prope		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, rolland)	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Hydrotest Water External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	noticols.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

J

(SUBR FW) H2S Gas Processing Waste Water

External Outfall

MINOR

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based	SAMPLE		*****		*****	*****	*****	*****			
drilling fluids and cuttings	MEASUREMENT										
51707.4.0	PERMIT		*****	V 4 N 0	****	*****	*****	*****		E 100140 II	0040
51707 1 0 Effluent Gross	REQUIREMENT	Req. Mon.		Y=1;N=0	*****	******	******	*****		End Of Well	GRAB
		VALUE	*****	*****	*****	*****					
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	MEAGOREMENT										
78244 1 0	PERMIT	*****	*****	*****	*****	*****	3	mg/kg		Once per	GRAB
Effluent Gross	REQUIREMENT						DAILY MX			Batch	
Mercury [Hg], in barite, dry weight	SAMPLE	*****	*****	*****	*****	*****					
71 31	MEASUREMENT										
70045 4 0	PERMIT	****	*****	*****	*****	*****					0545
78245 1 0 Effluent Gross	REQUIREMENT		******		******	******		mg/kg		Once per	GRAB
		*****	*****	*****	*****	*****	DAILY MX			Batch	
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	MEAGONEMENT										
82589 1 0	PERMIT	*****	*****	*****	*****	****	Req. Mon.	d		Daily when	GRAB
Effluent Gross	REQUIREMENT						MO TOTAL			Discharging	
Drilling fluids, volume	SAMPLE	*****			*****	*****	*****	*****			
,	MEASUREMENT										
205044.2	PERMIT	****		1-1-1	*****	*****	*****	*****	 	D - 11.	EOTIMA
82594 1 0 Effluent Gross	REQUIREMENT		Req. Mon. DAILY MX	bbl	00000					Daily	ESTIMA
		*****	DAILY MX		*****	*****	*****	*****	ļ		
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	WILAGONLINENT										
82594 EG 0	PERMIT	*****	49950	bbl	*****	*****	*****	*****		Annual	CALCTD
Effluent Gross	REQUIREMENT		YTD TOT								
Drill cuttings, free oil	SAMPLE	*****		l	*****	*****			 		
-3-,	MEASUREMENT										
20505 4 2	DEDMIT	****		 	****	****	 	 	 	D = 11.	0045
82595 1 0	PERMIT REQUIREMENT	*****	Req. Mon.	occur/mo	*****		Req. Mon.	d		Daily	GRAB
Effluent Gross	VEGOIVENIEM		MO TOTAL		***********************************		MO TOTAL			***************************************	**********************

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the informatic bubmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
- 2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
- 3. Values listed in the DMR for zinc are post dilution including the limits.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produce Water Quarterly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Toxicity collected only when discharging

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

ATTN: Marina Robertson

Effluent Gross

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** SAMPLE Well fluids, oil & grease MEASUREMENT PERMIT ***** ***** ***** ***** 04379 1 0 29 42 **GRAB** mg/L Once per REQUIREMENT Effluent Gross MO AVG DAILY MX Occurance ***** Number of Events SAMPLE ***** ***** ***** MEASUREMENT ***** ***** ***** ***** 51484 1 0 PERMIT Req. Mon. # CALCTD Once per REQUIREMENT Effluent Gross TOTAL Occurance Well fluids, free oil SAMPLE ***** ***** ***** ***** ***** MEASUREMENT ***** ***** ***** ***** ***** 82603 1 0 **PERMIT** GRAB Req. Mon. occur/mo Once per REQUIREMENT MO TOTAL Effluent Gross Discharge Well fluids, volume SAMPLE ***** ***** ***** ***** MEASUREMENT ***** ***** ***** ***** 82604 1 0 **PERMIT** Req. Mon. bbl **ESTIMA** Req. Mon. Once per

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	· Outrolio	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

MO AVG

MO TOTAL

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, Refer to Attachment 'X'

Occurance

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

CAF001148 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	(QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen. Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 006A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	法当案表案					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	induiors.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Reg. Mon.

MO AVG

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Receiving Water

Flow

74076 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

MO TOTAL

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ESTIMA

Monthly

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS **PARAMETER** EX TYPE **VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** SAMPLE Chlorine, total residual MEASUREMENT PERMIT ***** ***** ***** ***** 50060 1 0 .00585 .0102 Quarterly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX ***** Floating solids or visible foam-SAMPLE ***** ***** ***** ***** MEASUREMENT visual/days ***** ***** ***** ***** 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL

bbl/d

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	roduoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Bilge Water
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

51705 RW 0

Receiving Water

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Boiler Blowdown External Outfall

d

Req. Mon.

MO TOTAL

No Discharge

Daily

VISUAL

ATTN: Marina Robertson FREQUENCY QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS VALUE VALUE **VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Floating solids or visible foam-MEASUREMENT visual/days

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittled. Based on my inquiry of the person or persons who manage the devaluate the information submittled.		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

51705 RW 0

Receiving Water

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

Req. Mon.

MO TOTAL

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

d

No Discharge

Daily

VISUAL

FREQUENCY QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS VALUE VALUE **VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Free Oil Visual Sheen MEASUREMENT PERMIT ***** ***** ***** ***** ***** 51689 RW 0 Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL ***** Floating solids or visible foam-SAMPLE ***** ***** ***** ***** MEASUREMENT visual/days

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Uncontaminated Water External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the number of the property of the property of the person or persons who manage the property of the property of the property of the person of		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

018A-A

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 020A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	_
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Hydrotest Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

74076 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 022A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

ESTIMA

Monthly

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** **** ***** ***** SAMPLE Free Oil Visual Sheen MEASUREMENT PERMIT ***** ***** ***** ***** ***** 51689 RW 0 d VISUAL Req. Mon. Daily REQUIREMENT Receiving Water MO TOTAL Floating solids or visible foam-SAMPLE ***** ***** ***** ***** ***** MEASUREMENT visual/days ***** ***** ***** ***** ***** 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL SAMPLE ***** ***** ***** ***** Flow MEASUREMENT

bbl/d

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

Reg. Mon.

MO AVG